U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fires, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official List Tonly US OFFI E TO THE TONE TO THE TON	<u> </u>
1. File Number U - 25	22 3

3. Name and acdress of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

4. Name, file number, and accress of labor organization.

Name	Marvin	Russow	Maine United Food and Commercial Workers Inc Union	
			Labor Organization File NLmber 000/88	
P.O. Box, Bldg., Room No., if any		у	P.O. Box, Building and Room Number, if any	
Street 1775 K Street NW		W	Street 1775 K Street NW	
City	Washington		City Washington	
State	District of Colu	mbia ZIP Code + 4 20006	State District of Columbia ZIP Code + 4 20006	
5. Positi	on in lat or organization.	International Representative		
Ente	er appro oriate data below	If, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):	
A. Held	an interest in, engaged ary value from an empl	l in transactions (including loans) with, or oper whose employess your organization	derived income or other economic benefit of on represents or is actively seeking to represent.	
6. Name	e and address of Employe	(including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name			N/A	
Trade	Name, if any:			
P.O. B	lox, Bldg , Room No., if ar	у		
Street			7.b. Amount.	
City				
State		ZIP Code + 4		
		Sign	nature	
15. S subm	ignature and verification	. The undersigned declares, under penalty of ig the information contained in any accompany	Perjury and other applicable pε halties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the	

 Luster
 On 3-8-06
 502 290 9/2

 Date
 Telephone Number

undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Name Arison Insurance Services a. Labor Organization Trade Name, if any: X b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 9300 Shelbyville Road Suite 300 Louisville State Kentucky ZIP Code + 4 40222 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Russow is not a Health & Welfare Trustee. Name UFCW 227 Health & Welfare Fund Meal to discuss renewal on 2-26-05. Trade Name, if any:

City Louis ville 12.a. Nature of interest held or income received.

State Kentucky ZIP Code + 4 40219

11.b. Approximate dollar value of such dealing.

C. Received from any employer (other than an employer covered under parts A and B above)

13.a. Name and address of Employer or Labor Relations Consultant (including tade name, if any).			14.a. Nature of payment. N/A	
Name	, ,		/ A	
Trade Name, if any:				
P.O. Box, Bldg , Room No., if any				
Street				
City				
State	ZIP Code + 4			
13.b. Is the Business an Employer	or Consultant		.b. Amount of payment.	

P.O. Box, Bldg., Room No., if any

Street 3330 Pinecroft Drive

\$19

8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Arison Insurance Services a. Labor Organization Trade Name, if any: X b. Trust P.O. Box, Bldg , Room No., if any c. Employer Street 9300 Shelbyville Road Suite 300 Louisville City State Kentucky ZIP Code + 4 40222 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employed's name. Russow is not a Health & Welfare Trustee. Name UFCW 227 Health & Welfare Fund Meal to discuss new business opportunities on 3-17-05. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3330 Pinecroft Drive \$24 11.b. Approximate dollar value of such dealing. Louisville 12.a. Nature of interest held or income received. State Kentucky ZIP Code + 4 40219

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 		14.a. Nature of payment. N/A	
łame			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	14.b. Amount of payment.	

	7411	
Name of Person Filing Marvin Russow		File Number U-

8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Arison Insurance Services a. Labor Organization Trade Name, if any: X b. Trust P.O. Box, Bldg, Room No., if any c. Employer Street 9300 Shelbyville Road Suite 300 Louisville State Kentucky ZIP Code + 4 40222 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employe 's name. Russow is not a Health & Welfare Trustee. Name UFCW 227 Health & Welfare Fund Meal to discuss service issues on 4-23-05. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3330 Pinecroft Drive \$47 11.b. Approximate dollar value of such dealing. Louisville 12.a. Nature of interest held or income received. ZIP Code + 4 40219 State Kentucky

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 		14.a. Nature of payment. N/A	
Name			
Trade Name, if any:			
P.O. Box, Bldg , Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment	

8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Arison Insurance Services a. Labor Organization Trade Name, if any: X b. Trust P.O. Box, Bldg , Room No., if any c. Employer Street 9300 Shelbyville Road Suite 300 Louisville City ZIP Code + 4 40222 State Kentucky 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Russow is not a Health & Welfare Trustee. Name UFCW 227 Health & Welfare Fund Refreshments for discussion on employment benefits on 5-3-05. Trade Name, if any: P.O. Box, Bldg. Room No., if any Street 3330 Pinecroft Drive \$19 11.b. Approximate dollar value of such dealing. City Louisville 12.a. Nature of interest held or income received. State Kentucky ZIP Code + 4 40219

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
		N/A	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

<u> </u>	
Name of Person Filing Marvin Russow	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actifully any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trus in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
Name and ad tress of Business (including trade name, if any).	9. Business deals with:
Name Arison Insurance Services	
Trade Name, if any:	a. Labor Organization X b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 9300 Shelbyville Road Suite 300	с. спроус
City Louisville	
State Kentucky ZIP Code + 4 40222	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name UFCW 227 Health & Welfare Find	Russow is not a Health & Welfare Trustee. Meal to discuss new products on 5-5-05.
Trade Name, if any:	
P.O. Box, Bldg. Room No., if any	
Street 3330 Pinecroft Drive	11.b. Approximate dollar value of such dealing. \$24
City Louisville	12.a. Nature of interest held or income received.
State Kentucky ZIP Code + 4 40219	
,	

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name		14.a. Nature of payment. N/A	
		N/A	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Arison Insurance Services a. Labor Organization Trade Name, if any: X b. Trust P.O. Box, Bldg, Room No., if any c. Employer Street 9300 Shelbyville Road Suite 300 Louisville City ZIP Code + 4 40222 State Kentucky 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employeds name. Russow is not a Health & Welfare Trustee. Name UFCW 227 Health & Welfare Fund Meal to discuss disability insurance on 5-31-05. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3330 Pinecroft Drive 11.b. Approximate dollar value of such dealing. \$25 Louis*v*ille City 12.a. Nature of interest h∈ld or income received. State Kentucky ZIP Code + 4 40219

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name		14.a. Nature of payment.
		N/A
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Arison Insurance Services a. Labor Organiza .on Trade Name, if any: X b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 9300 Shelbyville Road Suite 300 Louisville City State Kentucky ZIP Code + 4 40222 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Russow is not a Health & Welfare Trustee. Name UFCW 227 Health & Welfare Fund Meal to discuss service on 6-12-05. Trade Name, if any: P.O. Box, Bldg. Room No., if any Street 3330 Pinecroft Drive \$73 11.b. Approximate dollar value of such dealing. City Louisville 12.a. Nature of interest held or income received. State Kentucky ZIP Code + 4 40219

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 		14.a. Nature of payment.	
		N/A	
ame			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trus in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Arison Insurance Services a. Labor Organization Trade Name, if any: X b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 9300 Shelbyville Road Suite 300 Louisville City State Kentucky ZIP Code + 4 40222 11.a. Nature of such dea ing. 10. If 9.b. or 9.c. is checked give trust or employer's name Russow is not a Health & Welfare Trustee. Name UFCW 227 Health & Welfare Find Meal to discuss other product coverage on 7-2-05. Trade Name, if any: P.O. Box, Bldg. Room No., if any Street 3330 Pinecroft Drive \$54 11.b. Approximate dollar value of such dealing. City Louisville 12.a. Nature of interest held or income received. State Kentucky ZIP Code + 4 40219

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 		14.a. Nature of payment.	
		N/A	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

8. Name and address of Business (including trade name, if any).

Name Arison Insurance Services

Trade Name, if any:

P.O. Box, Bldg, Room No., if any

Street 9300 Shelbyville Road Suite 300

Louisville City

State Kentucky

ZIP Code + 4 40222

9. Business deals with:

a. Labor Organization

X b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employed's name.

Name UFCW 227 Health & Welfare Fund

Trade Name, if any:

P.O. Box, Bldg. Room No., if any

Street 3330 Pinecroft Drive

Louisville City

State Kentucky

ZIP Code + 4 40219

11.a. Nature of such dealing.

Russow is not a Hialth & Welfare Trustee. Transportation and discussion on new benefits on 8-26-05.

11.b. Approximate dollar value of such dealing.

\$63

12.a. Nature of interest held or income received.

12.b. Amount.

N/A

14.a. Nature of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant

(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant ? 14.b. Amount of payment.

8. Name and address of Business (including trade name, if any).

Name Arison Insurance Services

Trade Name, if any:

P.O. Box, Bldg, Room No., if any

Street 9300 Shelbyville Road Suite 300

City Louisville

State Kentucky

ZIP Code + 4 40222

9. Business deals with:

a. Labor Organization

X b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employed's name.

Name UFCW 227 Health & Welfare Find

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3330 Pinecroft Drive

City Louis/ille

State Kentucky ZIP Code + 4 40219

11.a. Nature of such dealing.

Russow is not a Health & Welfare Trustee. Meal and lodging to discuss all products on 9-24-05.

11.b. Approximate dollar value of such dealing.

\$112

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant

(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Cod€ + 4

13.b. Is the Business an Employer

or Consultant

?

14.a. Nature of payment.

N/A

8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Arison Insurance Services a. Labor Organiza on Trade Name, if any: X b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 9300 Shelbyville Road Suite 300 Louisville City State Kentucky ZIP Code +4 40222 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Russow is not a Health & Welfare Trustee. Name UFCW 227 Health & Welfare Find Tickets and discussion on service on 8-23-05. Trade Name, if any: P.O. Box, Bldg. Room No., if any Street 3330 Pinecroft Drive \$40 11.b. Approximate dollar value of such dealing. Louisville 12.a. Nature of interest held or income received. ZIP Code + 4 40219 State Kentucky

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 		14.a. Nature of payment. N/A	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Bus ness an Employer	or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Marvin Russow	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trus' in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Arison Insurance Services a. Labor Organization Trade Name, if any: X b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 9300 Shelbyville Road Suite 300 Louisville City State Kentucky ZIP Code + 4 40222 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Russow is not a Health & Welfare Trustee. Name UFCW 227 Health & Welfare Fund Meal to discuss dental coverage on 9-9-05. Trade Name, if any: P.O. Box, Bldg. Room No., if any Street 3330 Pinecroft Drive \$54 11.b. Approximate dollar value of such dealing. City Louisville 12.a. Nature of interest held or income received. ZIP Code + 4 40219 State Kentucky 12.b. Amount.

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 		14.a. Nature of payment.	
		N/A	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	